2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

FILED

Apr 21,	2005	08:00	AN
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DOCL	IMEN	IT #	1.04	400	0061	1644

1. Entity Name

LONGBOAT KEY INVESTMENT ADVISORS, LLC



Principal Place of Business

Mailing Address

6350 GULF OF MEXICO DRIVE SUITE 104

LONGBOAT KEY, FL 34228 US

6350 GULF OF MEXICO DRIVE SUITE104

LONGBOAT KEY, FL 34228

CR2E083 (10/03)

02172005 No Chg-LLC 4. FEI Number 20-1516659

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6	. Name and Address	of Current	Registered	Agent

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301

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B. The above named entity districts this statement for the purpose of changing its registered agent, or both, in the State of Florida. I em familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I em familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I em familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I em familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I em familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I em familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I em familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I em familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I em familiar with, and accept the obligations of registered agent, or both, in the State of Florida Statutes. I florida accept the familiar with, and accept the obligations of registered agent, or both, in the State of Florida Statutes. I flurther certify that the information limited liability company or the receiver or trustee empowered to execute this phort as greatered by Chapter 608, Florida Statutes. I flurther certify that the information limited liability company or the receiver or trustee empowered to execute this phort as greatered by Chapter 608, Florida Statutes. SIGNATURE: Replication of processing the familiar agent				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Filing Fee is \$50.00 S			nging its registered office of registers	ed agent, or both, in the State of Florida	a. I am familiar with, and accept
Filling Fee is \$50.00 Due by May 1, 2005 9. MANAGING MEMBERS/MANAGERS ITTLE MARK IMME MELDAHL, CRAIG D SAB 1 MAGNOLIA ROAD LONGBOAT KEY, FL 34228 ITTLE NAME SITECT ADDRESS CITY-ST-2P ITTLE NAME		d name of registered agent and tille if applicable	NOTE Registered Agent signature regulated	when reinstating)	DATE
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Dayling Prone #	indicated on this report is trulimited liability company or the	ue and accurate and that my signature st ne receiver or trustee empowered to exe RAIGD, MELDAIVL	nall have the same legal effect as if moute this poport as required by Chapt	ade under oath; that I am a managing	941 - 383-575